

# The Superintendent's Challenge 2003 Award Application Form

## APPLICATION FORM COVER SHEET

County \_\_\_\_\_

District Name \_\_\_\_\_ County-District Code \_\_\_\_\_

District Address, City/Zip Code \_\_\_\_\_

District Superintendent \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

District Challenge Award Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Submissions will be considered in the following categories by district type and size. Please check which category applies to your school district. Please select only ONE district type:

- ☐ K through 6 District
- ☐ K through 8 District
- ☐ K through 12 District

- ☐ High School District
- ☐ County Office of Education

Please check which size applies to your school district:

- ☐ Small Districts (less than 2,500 ADA)
- ☐ Medium Districts (2,501 to 15, 000 ADA)
- ☐ Large Districts (more than 15,000 ADA)

**District Superintendent/Designee Statement:** Only one application from each district is accepted. The submitted application should be district supported.

\_\_\_\_\_  
Signature Date

In order to be eligible for the Superintendent's Challenge award, applications must be postmarked no later than **Monday, February 16, 2004**. Please send to:

California Task Force on Youth and Workplace Wellness  
c/o Public Health Institute  
555 12<sup>th</sup> Street, 10<sup>th</sup> Floor  
Oakland, CA 94607

**Check to be sure the following materials are included before mailing:**

- \_\_\_ Application form cover sheet with signature
- \_\_\_ Application Form A
- \_\_\_ Up to three pages of support narration that **addresses all eight points within the Challenge criteria** indicated for nutrition and physical activity (Please give specific examples related to your program.)

# The Superintendent's Challenge 2003 Award Application Form

## APPLICATION FORM A

*Please complete this form in full. Each question pertains directly to the eight Challenge criteria. An application narrative and supporting documents may be attached to this form in order to provide further detail (please limit supporting documents to five attachments). Narratives must be three (3) pages or less (one side only) on 8 1/2"x 11" paper, printed in type no smaller than 10 point font and double-spaced.*

*The narrative is your district's opportunity to provide more detail on your program, in reference to the Form A questions, as well as your policy's background, focus and implementation plans.*

1a. What type of health policy has your district passed? Please check all that apply:

- ☐ District-wide Nutrition policy
- ☐ District-wide Physical Activity and/or Physical Education policy
- ☐ Pilot-based Nutrition policy
- ☐ Pilot-based Physical Activity and/or Physical Education policy

1b. When was the above policy(ies) passed?

2. What component(s) of the school nutrition/physical activity environment does the policy(ies) impact? Note that this question refers to criteria 2 & 5 of the Challenge. Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Schools Meals         | <input type="checkbox"/> Physical Fitness                |
| <input type="checkbox"/> Ala Carte Food Sales  | <input type="checkbox"/> Physical Education              |
| <input type="checkbox"/> Snack Shop Food Sales | <input type="checkbox"/> Cafeteria/Meal Environment      |
| <input type="checkbox"/> Beverages             | <input type="checkbox"/> Nutrition Education             |
| <input type="checkbox"/> Fundraisers           | <input type="checkbox"/> Garden-based Learning           |
| <input type="checkbox"/> Vending Machines      | <input type="checkbox"/> Student and/or Community Hunger |
| <input type="checkbox"/> Physical Activity     |  |

Other: (Please describe briefly)

# The Superintendent's Challenge 2003 Award Application Form

3a. What grades are impacted by all or part of the policy (ies)? Please check all that apply:

- ☐ Pre-K
- ☐ K
- ☐ 1
- ☐ 2
- ☐ 3

- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8

- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

3b. If only part of the policy pertains to one or more of the age groups above, please explain:

4. In addition to the students, who in your district or school community is impacted by the policy(ies)?

- ☐ Parents
- ☐ Staff

- ☐ Administration
- ☐ Community members

Other:

4b. How does the policy impact these groups?

# The Superintendent's Challenge 2003 Award Application Form

5. Please briefly describe how each aspect of the schools' environment (as indicated in question #2) is impacted by the policy (ies). Be sure to list all components selected in question #2.

**Example: "Hunger" – Creates Food Stamp outreach program in conjunction with School Lunch applications**

6. Describe briefly the process that created the district policy (ies)? Who was involved?

# The Superintendent's Challenge 2003 Award Application Form

7. Describe briefly the current district plans for policy implementation. Which parts of the policy have already been implemented, if any? What are the districts plans for sustainability? Has the implementation been the subject of evaluation? If so, please give a citation.

8. With what other student health efforts (local, state or national) is your district affiliated? Please check all that apply:

- ☐ California Nutrition Network
- ☐ California Project LEAN
- ☐ California 5 a Day
- ☐ Fitnessgram (**Note: All schools are required to participate in Fitnessgram.**)
- ☐ Health Eating and Child Overweight Prevention grants
- ☐ LEAF (Linking Education, Activity, and Food)
- ☐ SHAPE (Shaping Health as Partners in Education)
- ☐ Other local health department program
- ☐ Local farmers markets or agricultural organization

Other:

9. Has your district received any funds to develop a health policy within the last five calendar years? If so, please elaborate and specify the amount.